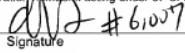


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))		Docket Number (Optional) 1380-0229PUS1		
Application Number	10/591,859-Conf. #4761	Filed December 8, 2006		
For FLOATING STRUCTURE				
Art Unit	3617	Examiner J. D. Sotelo		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60	\$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 43,368 <input type="checkbox"/> attorney or agent under 37 CFR 1.34.				
 Signature _____ Date September 9, 2008 (703) 205-8000 Typing or printed name _____ Telephone Number _____				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/> Total of 1 forms are submitted.				